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Attorney Docket Number

DEOLADA	TION FOR	Attorney Docket N	lumber	112,811							
	ATION FOR	First Named Inve	ntor	David F.	McNary						
UIILIIY	OR DESIGN	COMPLETE IF KNOWN									
PATENT A	PPLICATION	Application Number	er	r.e.							
∇ Declaration	☐ Declaration	Filing Date									
Submitted	R Submitted after	Group Art Unit									
with Initial Filing	Initial Filing	Examiner Name									
As a below named inve	antor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
Puck-deflecting Training Device											
the specification of which (Title of the Invention)											
is attached hereto											
OR Control of the Charles of the Cha											
was filed on (MM/DD/YYYY) as United States Application Number or PCT International											
Application Number and was amended on (MM/DD/YYYY) (if applicable).											
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
l acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.											
I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, issted below and have also identified below, by checking the box, any foreign application for patent or claimed.											
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claim	Certified C	opy Attached?						
			000000	000000	00000						
Additional foreign applic	ation numbers are listed on a su	pplemental priority data sh	eet PTO/S	B/02B attached he	reto:						
hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below											
Application Number(s) Filing Date (MI) 60/445,117 02/05/200		MM/DD/YYYY)	Add num sup	ditional provisional application mbers are listed on a oplemental priority data sheet							
	1		PTC	ed hereto.							

[Page 1 of 2]

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PTO/SB/01 (3-97)

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
	•	plication		PCT Paren Number			Filing Date	P		Patent I	Number	
<u> </u>	Numbe	<u>:r</u>		Numbe.		(IVIIVI	D/YYYY)	 	(" -	рриса.	bie ₎	
Additional	Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.											
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number OR Place Customer Number Bar Code												
				Registered pra	ractitioner(s)	name/registre	ation number lis	sted below	<u> </u>	Label he		
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William Nitkin				27,2	20	·						
		ed practitioner(s)) named o	in supplements	al Registerer	d Practitioner	Information sh	eet PTO/SB/	/02C attar	ched her	eto.	
Direct all corn	Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence address below								ress below			
Name .		Willian	n Nit	kin								
Address		850 Boy	ylstc	n Stre	et #4	24						
Address	Ī							,				
City		Chestnu	at Hi	.11	, <u> </u>	State	MA	ZIP 0	02467	7-24	02	
Country		.S.A.			ne 617				617 2			
punishable by f	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
Name of Sc	ole or F	First Invent	or:			A petiti	ion has been	filed for the	is unsigr	ned inve	∍ntor	
Gi	ven Nar	me (first and r	middle [if	any])		I	Family	v Name or	Surnam	ie		
Dav	vid F					McN	Nary		.,			
Inventor's Signature		1 Da	IF	Mer	-/w				" Di	ate	11-20-04	
Residence: C	Residence: City Woburn		State	MA	Country	Country USA		Citiz	zenship	USA		
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Post Office Ac	ddress	l2 Shields Street										
City		Woburn	State	MA	ZIP	0180)1.	Country	, τ	JSA		
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto											hed hereto	